



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 4573		2. Exact name of the Corporation Commons Lunch, Inc.			
3. Principal office address 48 Commons Road			City Little Compton	State RI	Zip 02837
4. Business Phone No. 1401 635 4388			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Operation of general restaurant.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name George J. Crowther, Jr.			Vice-President Name		
Street Address 27 Quicksand Pond Road			Street Address		
City Little Compton	State RI	Zip 02837	City	State	Zip
Secretary Name Barbara Crowther			Treasurer Name George J. Crowther		
Street Address 27 Quicksand Pond Road			Street Address 27 Quicksand Pond Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name George J. Crowther			Director Name Barbara Crowther		
Street Address 27 Quicksand Pond Road			Street Address 27 Quicksand Pond Road		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	CNP	0.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

FILED
 FEB 10 2017
 Signature of Authorized Representative: *George J. Crowther* Date: *2/7/17*
 Print or Type Name of Authorized Representative: **George J. Crowther** *GEORGE CROWTHER*

BY *[Signature]*